

2019 MIDYEAR REVIEW



WORLDWIDE FISTULA FUND
HEALING WOMEN, RESTORING LIVES

OUR MISSION:

To protect and restore the health and dignity of the world's most vulnerable women by preventing and treating devastating childbirth injuries.

Tsahara

Once Devastated, Now an Inspiration



90%

Percent of fistula cases in which the baby dies during childbirth. (UNFPA)

90%

Percentage of uncomplicated cases of obstetric fistulas that can be successfully treated with surgical reconstruction with a 90% success rate for uncomplicated cases. (WHO)

Obstetric fistula can largely be avoided by delaying the age of the first pregnancy, by the cessation of harmful traditional practices and by timely access to quality obstetric care. (WHO)

Tsahara was an average teenager living in Niger with her parents and attending school, but at 16 her parents decided she should marry. Niger's rate of child marriage is 75%: the highest in the world. By 17 she was pregnant.

When labor began, Tsahara went to a clinic and struggled through labor for 2 days, after which, she was taken to a second clinic and continued labor for a 3rd day. Her father gathered enough money to ambulance her to the hospital where she delivered a stillborn baby by C-section.

After her painful labor and heartbreaking stillborn delivery, Tsahara discovered herself continuously leaking urine through her vagina. Repulsed by her condition, her husband rejected her.

Tsahara suffered this way for 3 years, until she learned of Danja Fistula Center (DFC) – built by Worldwide Fistula Fund in 2012. Tsahara's complicated fistula required 3 surgeries. Not only did Tsahara heal physically, but also emotionally and mentally. She received support from other fistula survivors and learned to knit and use a sewing machine through DFC's Reintegration Program.

Tsahara is excited and optimistic for her future. She is back with her husband and intends to sell her knitting and handiwork to buy a sewing machine and become a tailor.

Letter from Soja...

Friends,

Both 2018 and 2019 have been remarkable years for Worldwide Fistula Fund. We couldn't have accomplished what we have without the support of our committed community. A community made up of thousands of like-minded individuals making a difference in the lives of women and girls they're unlikely ever to meet. That's beautiful.

In 2018 WFF merged with One by One of Seattle, bringing together two organizations with very similar philosophies and leveraging a single management team to reap economies of scale and, together, shift more funding to helping vulnerable women.

After nearly 10 years of dreaming and planning, in August Terrewode Women's Community Hospital in Uganda became a reality. The first women's health hospital in East Africa! Lead by the dynamic Alice Emasu, TWCH will triple the number of women that can be provided treatment for childbirth injuries from 200 to 600. Additionally, Terrewode magnifies its position as the Uganda Ministry of Health's most important partner in providing these services.

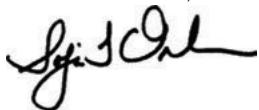
In Kenya, Sarah Omega of Let's End Fistula Initiative has developed "Safe Motherhood" prevention education curriculum taught through 28 Regional Representatives and 200+ Solidarity Group members. This training provides the Solidarity Group members with the knowledge, skills, and tools they need to promote safe motherhood practices before and during childbirth.

In Burkina Faso, Dr. Itengre has taken giant steps forward in solidifying fistula treatment programming. Having launched services with periodic fistula camps, he has since developed partners for ongoing, continuous treatment and reintegration programming.

Challenges have also reared their ugly head and WFF has worked to overcome these obstacles through a thoughtful and considered response. Most notably, Danja Fistula Center in Niger has had a significant funding partner shift their financial support to their other sites. Now that TWCH has opened its doors, WFF finds it vitally important to continue to provide operational funding in support of holistic care. In Ethiopia, some of our medical training partnerships may require a larger leadership and funding role by WFF. This shift provides opportunity to build-out a dynamic program that attracts new candidates from African nations.

Our aspirations in Africa have always been to build capacity for the prevention and treatment of childbirth injuries like fistula. Our ultimate goal in every country where we provide service is to build local capacity to the point where the tide turns and preventable childbirth injuries virtually disappear, much as seen in developed countries.

With Gratitude,



Soja Orlowski
WFF Executive Director



WFF's model to transform a women's life of rejection, shame and isolation into one of dignity and inclusion is based on four pillars.

WFF's Model for Change

1

PREVENTION
initiatives aimed at increasing access to safe childbirth so that fistula and other devastating outcomes do not happen in the first place.

2

Intensive rural **OUTREACH** to educate communities about fistula and the availability of free treatment, and to find women in need of care.

3

Transportation, surgical **TREATMENT** and physical therapy provided free of charge to restore dignity and opportunity for a productive life.

4

SOCIAL REINTEGRATION to facilitate continued physical and emotional healing following surgical treatment, rebuilding of family and community relationships and economic empowerment

WHO estimates that each year between 50,000 to 100,000 women worldwide are affected by obstetric fistula. They estimate that more than 2 million young women live with untreated obstetric fistula in Asia and sub-Saharan Africa. The true number of women living with fistula may be higher, as untreated patients who never reach a medical facility are more difficult to trace and some women with fistula may have minimal contact with healthcare services. Obstetric fistula disproportionately affects the poorest women, whose voices are scarcely heard.



Letter from Chris...



Dear Friends,

As I reflect on the past two years as Board Chair, I am most grateful for the support so many of you provide to the Worldwide Fistula Fund. We have accomplished a great deal, many challenges lie ahead, but I have confidence that we will continue to succeed in our mission to both relieve and prevent the suffering of women with childbirth injuries.

WFF invests in people. We find excellent people, working in the areas of highest need, and we provide whatever support they need to succeed. This might be training; it could be a capital investment; it could be providing funds for recruitment, surgery, or reintegration of the patient following surgery. We build human capacity.

What makes WFF different? Why do we deserve your support?

We partner with excellent local organizations focused on treating fistula—connecting patients with skilled surgeons and paying for their treatment. We partner with high-quality organizations that only make capital investments, aiming to improve capacity for such care.

We know our grantees very well, we work with them over time, and we commit to the long-term. In some cases, because we truly understand their needs, we simply connect the grantee with other organizations that may be better able to provide the solution.

Our goals are always 1) To restore a full life to the victim of childbirth injury, not to simply fix the anatomic problem 2) To enable local people to develop their own solutions to prevent and treat childbirth injuries.

We are now an organization with donations over one million dollars annually, working in five countries—Ethiopia, Kenya, Niger, Uganda, and Burkina Faso. We have programs focused on providing surgery, on reintegration and on prevention. Several locations do all three. We work in some of the most insecure, unstable areas of the planet, but we have strong partnerships and the belief that we can make meaningful change. Indeed, we have not solved the problems of Sub-Saharan Africa—or even those of any of the individual countries. However in the geographic areas where we are present, we are clearly making a long-term, sustainable difference. That's what we are about. Identifying the right people, and the right opportunities, to create lasting change.

Thanks again to all that support us financially, emotionally, intellectually, and spiritually.

We will always endeavor to be good stewards of your gifts.

Regards,

A handwritten signature in black ink, appearing to read "CKP".

Christopher K. Payne, MD
Board Chair

85%

Percentage of women with fistula that do not seek treatment due to shame, financial costs, and a lack of knowledge about its availability. (UNFPA)



Burkina Faso

Creating Surgical and Reintegration Services from Scratch

2019 to Date: Surgeries 68 /Reintegration Services Completed 26*

Accomplishments

In late 2017 and after six years of dedicated service, Dr. Itengré, chief surgeon at Danja Fistula Center left Niger to launch WFF fistula-related programming in his home country of Burkina Faso where he established the nonprofit ARENA. Starting in late 2017 and continuing through 2018 WFF supported ARENA as it worked with local partners to provide free fistula surgeries through a system of organized camps.

Many women in the countryside are unaware that fistula can be treated, and so ARENA partnered with Fondation Rama to provide patient recruitment services. Once recruited, the patients are evaluated by Dr. Itengre and surgeries are provided. Success rates in curing the fistula condition are over 90%.

Following the recovery period, the fistula survivors were provided social reintegration services allowing them to reenter their communities and leaving the stigma and rejection in the past. Additionally, survivors, who are often abandoned by their spouse and family, are offered empowerment preparation which typically consists of vocational training. These new skills allow a woman to generate her own income which promotes her independence.

Challenges

Like any new venture WFF, Dr. Itengre and ARENA have experienced growing pains. Holding camps restricts patient access and limits post-op care. WFF has remedied this issue by establishing a year-round system, with new partner Larry Ebert Hospital. WFF continues to build capacity for childbirth injury treatment in Burkina Faso and a search for a permanent home for our expanding services has begun, along with an expansion in the recruiting staff.

**Some reintegration services are still in progress for an average 2 months training.*



While Africa experiences 24% of the global burden of disease, it has only 2% of the global supply of doctors, and less than 1% of expenditures on global health (theBMJ.com)

Ethiopia



Capacity Building a WFF Priority 2019 to Date: Surgeries 23/Medical Professionals Trained 105

Accomplishments

In 2013, WFF and Mekelle University established the Mekelle Medical Education Collaboration (MMEC) an annual medical conference to provide enhanced obstetrics and gynecology education to students, residents and faculty at the university. In May 2019 the 7th MMEC conference was held during which WFF Founder, Dr. Lewis Wall, and guest medical experts taught enhanced curriculum to benefit local medical professionals bringing the lifetime number of people attending MMEC to over 700.

In 2015 and in partnership with Mekelle University, Hamlin Fistula Ethiopia and Footsteps to Healing at Oregon Health & Science University, WFF launched Ethiopia's first Urogynecology Fellowship Program. Our partnership allows Fellows to receive surgical

In sub-Saharan Africa, only 26% of women from the poorest households deliver their babies in a health facility, compared with 81% of women from the wealthiest households. (UNFPA)

instruction while performing life-changing childbirth injury repairs beyond fistula. Our first two Fellows have graduated and now train other Fellows. In 2020, WFF expects to adopt a bigger funding and leadership role in the program and attract additional candidates from African nations.

Maternal mortality and obstetric fistula are the most traumatic and immediate effects of unsafe childbirth. However, Pelvic organ prolapse (POP) is a chronic, more common effect of unsafe childbirth in developing countries. POP can develop when a woman endures multiple, difficult deliveries. Over time, muscles supporting pelvic organs like the uterus and bowel weaken. The organs drop, push against the vagina and sometimes fall out. A preliminary, ongoing survey of three regions in Ethiopia estimates 250,000 women suffer from POP. Fellows have performed over 350 POP and incontinence surgeries.

Physical Therapy Challenges

The trauma caused by childbirth injuries can be extensive and Physical Therapy is often needed to work in tandem with surgery in order for a woman to fully recover. PT is a critical piece of WFF's holistic care model. Unfortunately, the specialized PT services women may need post-childbirth are difficult to find in the developing world. In 2018, Mekelle University's inaugural class of 12 PT Master's students graduated — 5 chose to stay at the university to support the program! There are currently 15 students enrolled in this program (as of 2019) supported by WFF.

Kenya



Organizing Prevention and Outreach 2019 to date: Survivor Reintegration Trainings - 200+ / Community Members Trained - 15,000

During 2018 Worldwide Fistula Fund merged with Seattle-based One by One (OBO). OBO had launched Let's End Fistula (LEF) Phase II in 2017, empowering survivors to imagine lives of economic independence and security. In partnership with Sarah Omega, a Kenyan fistula survivor and internationally recognized fistula advocate, they recruited and trained an extraordinary team of local survivors, provided seed money, and helped them launch individual and group income generating activities.

The leadership team and 28 Regional Representatives recruited 200+ survivors to form 11 Solidarity Groups for outreach, mutual support and advocacy. The Groups launched the "I am not alone" campaign to reduce stigma and isolation among fistula victims. These groups created income generating activities, with results measured in new business enterprises and bank savings accounts established.

In February 2019 the Regional Representatives attended LEF training which equipped them to deliver the preventive "Safe Motherhood Curriculum" developed by Sarah Omega and her team. Solidarity Groups now have the knowledge, skills, and tools they need to promote safe motherhood practices before and during childbirth. From April to June these groups conducted education sessions to over 15,000 community members.

One By One was founded with the core value that all women deserve to live with dignity and opportunity. Thanks to the generous support of a growing community of donors, the program work facilitates life-transforming treatment, economic empowerment and an innovative prevention initiatives.

In 2017 WFF received a query from the One By One organization about combining forces. We recognized that we looked at the world in the same manner. After considerable discussion, we decided to merge our organizations. WFF brought established programs in 4 countries including doctor training and outstanding day-to-day management to the table. One By One brought a passionate Seattle-based team and an inspiring new grantee, Sarah Omega, in a new service area—Western Kenya. Common vision, good faith, and hard work from all parties have enabled us to seamlessly integrate the two organizations into a new whole.

Niger

Surgeries and Outreach Continue 2019 to date: Surgeries - 125

The Danja Fistula Center (DFC) in Niger celebrated its 7th anniversary in February. With our partner SIM, DFC has provided 1,476 fistula surgeries during that time frame. This includes complex fistula cases which require multiple surgeries. DFC has also provided specialized psychological counseling and physical therapy. During 2018, DFC provided 225 surgeries-interventions. 114 fistula surgeries have been performed in 2019 to date and 34 of those were performed by Dr. Itengre in April.

During 2018 a total of 90 women participated in reintegration programs: 54 women completed the entire 3-month training program, 24 completed 2 months of reintegration training and 12 others participated for 1 month. 59 women participated in 2019 to date. Reintegration training includes skills training in embroidery, sewing, or knitting. Not all women need the services.

The DFC Niger staff organizes “recruiting” trips to various parts of Niger that serve multiple purposes. These trips combine fistula patient recruitment with post-integration check-ins and prevention education. 15 recruiting trips took place during 2018 (15 visited in 2017 as well) with a total of 426 villages visited. We have completed 12 trips in 2019 to date with 6 more trips planned.

One significant challenge faced by DFC in 2019 was the unexpected withdrawal of support from a long time fistula treatment funding organization. The loss of \$50K in funding has left a gap in funding of approximately 16%. WFF has increased our grant to cover the additional \$50K during 2019. The SIM organization, through financial management and additional effort in fundraising feels the financial needs of DFC will be satisfied.

While DFC Niger focuses on preventing and treating obstetric fistula, the hospital also treats pelvic organ prolapse (POP), a chronic effect from traumatic childbirth. Since 2014, 154 women have received pelvic organ prolapse repair at DFC Niger. 11 POP surgeries have been performed at DFC Niger to date, bringing total surgeries to 125.

Niger is one of the poorest countries in the world with the highest rate of child marriage in the world at 75%. Child marriage leads to girls leaving school, marrying and bearing children too early.

BARRIERS TO TREATMENT OF FISTULA

- Unaware that fistula is treatable
- Cost of procedure is not affordable
- Lack of transportation
- Loss of dignity and self-worth
- Gender power imbalance
- Loss of social support
- Embarrassment
- Lack of skilled health workers

Table Banking



What is table banking? In Uganda and Kenya, Solidarity Groups collect member money and award members loans. During the next meeting, each member pays back her loan with interest varying from 10 to 20 percent, depending on what the group decides. This way, the money keeps growing and more money is available for members to borrow every time.

Uganda

There is an estimated backlog of 200,000 fistula patients in Uganda, with 1,900 new cases occurring annually, yet the government capacity to treat fistula remains low at 2,000 cases annually with no clear strategies for prevention.



Women's Hospital moves from Construction to Operational 2019 to Date: Surgeries - 234 / Reintegration Services - 125

In Uganda WFF partners with Terrewode, a local organization headquartered in Soroti, Uganda. Over the past 9 years, WFF has provided up to 60% of their annual funding and Terrewode has grown from a regional to national program. In 2017, WFF awarded Terrewode our largest grant ever: \$675,000 over 5 years to support program growth. In August 2019, the Terrewode Women's Community Hospital opened and promises to triple Terrewode's capacity to serve up to 600 women with childbirth injuries per year.

The over-arching goals in Uganda are to increase access to quality surgical treatment through increased capacity for identification, referral and support for treatment of women with childbirth injuries. Repair treatment is paired with empowerment and reintegration training as well as education about fistula prevention, family planning and health care education.

During 2019 Q1/Q2, a total of 234 women and girls were supported to access treatment at partner government facilities. Although many patients only required one surgery for repair, others needed multiple surgeries (ranging from two to five). This tends to occur when a woman's fistula is deemed medically complicated. The youngest patient treated was 16 years while the oldest was 80, with an average age of 32. 160 of the women suffering fistula were either married or cohabitating. After suffering fistula, 93 (58%) were separated.

Almost 95 % of the survivors reported experiencing some form of abuse including stigma which they described as a barrier to their return to normal life even years after successful treatment of a fistula. Each patient's reintegration's needs were assessed and individual treatment plans were implemented. The residential training curriculum focused mostly on sexual reproductive health, general health education including treatment and prevention strategies for fistula. Additionally, some women opted to gain entrepreneurial skills including best practices around saving and lending money, group management and leadership skills.

99%

Percent of maternal deaths worldwide that occur in developing countries

800

women die every day from pregnancy or childbirth related causes

20,000

girls under the age of 18 give birth everyday in the developing world.

78%

women who need care for medical complications of pregnancy and delivery and never receive it. (UNFPA)

Your Impact

Donations surpass \$1.2 million in 2018!

Your financial commitment makes possible the work that Worldwide Fistula Fund does to give hope, healing, and to restore lives of women and girls. We are reliant on private donors to continue our work - we receive no governmental funding.

During 2018 WFF received 2,006 donations from:

46 states + DC * 303 new donors * \$600.35 average donation

Ways to Give:

- Honor friends, or family with a gift in their name
- Become a monthly supporter.
- Give through your workplace.
- Donate stocks, bonds or mutual funds.
- Designate WFF in your will or living trust.
- Fundraise for WFF through your own event or activity!

For more information contact David@wffund.org

\$575

Our cost for
an average
fistula
surgery

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